

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101568599

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2				/		
3				/		
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48				/		
49				/		
50				/		
TOTAL IND.		↓	1	↓	1	↓
TOTAL DEP.		←	26	←	23	←
TOTAL CLAIMS			27		24	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						/
52						/
53						/
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97						
98						
99						
100						
TOTAL IND.		↓		↓	2	↓
TOTAL DEP.		←		←	14	←
TOTAL CLAIMS					14	